



State of Louisiana  
Department of Revenue

**Certification of Resident/Nonresident Status  
by Contractors and Subcontractors Working in the State  
(Louisiana Revised Statute 47:9)**

☐ New ☐ Renewal

Please return to the Department of Revenue,  
Taxpayer Services Division, Post Office Box 3863, Baton Rouge, LA 70821-3863

1. Legal name \_\_\_\_\_
2. Trade name (if any) \_\_\_\_\_
3. Mailing address \_\_\_\_\_
4. Daytime telephone (     ) \_\_\_\_\_
5. If you are currently registered with the Louisiana Department of Revenue for the following taxes, please list your 10-digit account numbers.

\_\_\_\_\_  
Sales Tax

\_\_\_\_\_  
Withholding Tax

\_\_\_\_\_  
Corporation Income Franchise Tax

6. Type of Organization: ☐ Partnership  
☐ Corporation Date of incorporation \_\_\_\_\_  
☐ Individual Social Security Number \_\_\_\_\_  
☐ Other Please specify. \_\_\_\_\_
7. Have you been actively engaged at any time since July 6, 1984, in performing work on contracts in Louisiana? ☐ Yes ☐ No  
 If you acknowledge that you are a nonresident contractor or subcontractor who is subject to the contract registration and bonding requirements of R.S. 47:9 et al., please mark this box. ☐  
 If you claim not to be subject to the contract registration and bonding requirements of R.S. 47:9, you must answer questions 8-12. Other contractors and subcontractors who have marked the above block can disregard the questions and need only sign and date the questionnaire on the reverse side.
8. Have the owners of this business been permanent residents of Louisiana for at least one year prior to bidding on work in Louisiana? ☐ Yes ☐ No  
 If "yes", please list the Louisiana location address of each owner that has been his permanent residence for the past year. If any owners have had more than one permanent address in the past year, please list all of them, including the dates of change. Do not list post office boxes.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Do you currently operate any permanent business facilities in Louisiana? ☐ Yes ☐ No  
 If "yes", please indicate the total number of your permanent business facilities in Louisiana. \_\_\_\_\_

10. Please list the location addresses of your current facilities, and the date that each facility opened. (Attach additional sheets, if required.)

Address	Date opened
_____	_____
_____	_____
_____	_____

11. If none of your current Louisiana facilities has been open for at least one year immediately prior to the date on which you submitted a bid on a contract in Louisiana, please indicate the location address and the opening and closing date of any other permanent facility that you have operated in the state. (Attach additional sheets, if required.)

Address	Dates
_____	_____
_____	_____
_____	_____

12. Do you hold a license in your name for the current year from the Louisiana State Licensing Board for Contractors?

☐ No ☐ Yes If yes, please list license number. \_\_\_\_\_

Under the penalties of perjury, I declare that I have examined this report, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

_____ Authorized signature	_____ Title
_____ Date	